	Do	Docket No. 04394/0200136-US0										
AMEN												
Applicatio	n No.	Filing I	Date	Examine		Art Unit						
10/707,179-Cd	onf. #1178	November	25, 2003	T. M. Ma	i	3781						
Applicant(s): Cin	Kim											
Invention: BOXED AND SECURED NECKTIE PACKAGE												
TO THE COMMISSIONER FOR PATENTS												
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.												
The lee has been												
CLAIMS AS AMENDED Claims Highest												
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate								
Total Claims	9	- 20 =	0	x 25.00		0.00						
Independent Claims	2	- 4 =	0	x 100.00		0.00						
Multiple Depend	lent Claims (ch	eck if applicabl	e)									
Other fee (pleas	e specify):											
TOTAL ADDIT		0.00										
Large Entity x Small Entity												
x No additional fee is required for this amendment.												
	ge Deposit Acc			n the amount of \$		·						
	• •			the filing fee is en	closed							
Payment by			10 0000	the liling lee is en	ciosea.							
		orized to ober	as and aradit	Danasit Assount	No 04	I-0100						
The Director is hereby authorized to charge and credit Deposit Account No04-0100 as described below.												
x Credit any overpayment.												
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.												
1 - 1 - 1 - 1												
Dated: August 23, 2007												
Jarnes N. Tuoza Aftorney/Agent		706										
DARBY & DAR	BY P.C.											
P.O. Box 770 Church Street Station												
New York, New York 10008-0770												
(212) 527-7700												

PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL FOR TY 2007 X Application Issues and entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attomey Docket No. 0 4394/0200136-US0	Effective	on 12/08/200	74	Complete if Known									
FIGURE FOR FY 2007 First Named Inventor Cin Kim Examiner Name T. M. Mai Art Unit 3781		Application Num	ber	10/707,179-Conf. #1178		}							
FIGURE FOR FY 2007 First Named Inventor Cin Kim Examiner Name T. M. Mai Art Unit 3781	FEE TRANSMITTAL			Filing Date		November 25, 2003							
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3781				First Named Inv	entor	Cin Kim							
METHOD OF PAYMENT (check all that apply)	For i	1 200) (Examiner Name		T. M. Mai							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposal Account Number (04-010) Deposit Account Name: Deposit Account Deposal Account Number (04-010) Deposit Account Name: Deposit Account Deposal Account Number (04-010) Deposit Account Name: Deposit Account Deposal Account Number (04-010) Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee (24-01-01-01-01-01-01-01-01-01-01-01-01-01-	X Applicant claims small	entity status.	See 37 CFR 1.27	Art Unit 3781									
Check Credit Card Money Order Deposit Account Number (04-0100) Deposit Account Name: Darby & Darby & Darby P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	TOTAL AMOUNT OF PAY	MENT	(\$) 0.00	Attomey Docket	Attomey Docket No. 04394/0200136-US0								
Deposit Account Deposit Account Number: Q4-0100 Deposit Account Name: Darby & Darby P.C.	METHOD OF PAYMENT (check all that apply)												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) fee(s) EXAMINATION FEES Small Entity Fee (s) Fee	Check Credit Card Money Order None Other (please identify):												
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	For the above-identi	fied deposi	t account, the Director i	s hereby authorize	ed to: (chec	ck all that apply)							
Tee(s) under 37 CFR 1.16 and 1.17	Charge fee(s)	indicated b	elow	Charge	e fee(s) ind	dicated below, ex	cept for t	he filing fee					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)													
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Mapplication Type	1. BASIC FILING, SEARCH												
Application Type		FILI			EXAMIN								
Utility	Application Type	Fee (\$)			Fee (\$)		Fees	Paid (\$)					
Design		300											
Plant		200	100 100	50		65							
Reissue 300 150 500 250 600 300	_												
Provisional 200 100 0 0 0 0 0 0 0	1 10001												
2. EXCESS CLAIM FEES Fee (\$) F													
Fee (\$) Fee (\$)		200	100 0	U	U	U		Cmall Entite					
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Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims 9		ng Reissue	s)				50	2.5					
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Morrison / Marine / M	Signature		\rightarrow		53 70E	Telephone	(212) 52	7-7700					
Name (Print/Type) James N. Luozzo /// Date August 23, 2007	Tome		/mgg	(Attorney/Agent)	33,700								
	Name (Print/Type) / Jamles N.	l uozzo				Date	August 2	23, 2007					